



## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1635
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	Therapeutic Uses of Factors Which Inhibit or Neutralize MIF Activity
Attorney Docket Number::	70015.114USC1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name::  
Family Name:: Bucala  
Name Suffix::  
City of Residence:: Cos Cob  
State or Province of Residence:: CT  
Country of Residence:: USA  
Street of mailing address:: 22 Benenson Drive  
City of mailing address:: Cos Cob  
State or Province of mailing address:: CT  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 06807

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Jason  
Middle Name::  
Family Name:: Chesney  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: USA  
Street of mailing address:: 410 5<sup>th</sup> Street, N.E., #1

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City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55413

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
	Continuation of	08/738,947	10/24/96
08/738,947	Continuation-in-Part	08/462,350	06/05/95
08/462,350	Continuation-in-Part	08/243,342	05/16/94
08/243,342	Continuatin-in-Part	08/063,399	05/17/93

### Assignee Information

Assignee Name:: Cytokine PharmaSciences, Inc.  
Street of mailing address:: 150 South Warner Rd., Suite 420  
City of mailing address:: King of Prussia  
State or Province of mailing address:: PA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 19406

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